PTO/58/06 (12:04)

ADD'L FEE

Approved for use through 7/31/2006 OMB 0651-0032 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 8 displays a valid CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 Effective December 8, 2004 45 0 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY NUMBER FILED NUMBER EXTRA BASIC FEE FEE (1) RATE (S RATE (\$) (37 CFR 1 16(0) (b) & (c)) FEE (\$) NA N/A NVA 150.00 SEARCHFEE N/A 300.00 (37 CFR 1 16(N), (1), or (m)) NA N/A NIA \$250 N/A EXAMINATION FEE \$500 (37 CFR 1 10(a). (p). or (q)) N/A N/A N/A \$100 N/A TOTAL CLAIMS \$200 (37 CFR 1 16(1)) X\$ 25 minus 20 · X\$50 INDEPENDENT CLAIMS OR (37 CFR 1 16(N)) minus 3 = X100 X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE is \$250 (\$125 for small entity) for each (37 CFR 1 16(6)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR I 16(1) +180= +360= ullet If the difference in column 1 is less than zero, enter ullet in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) OTHER THAN (Column 3): OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT RATE (\$) AFTER ADDI-27/0) PREVIOUSLY RATE (\$) ENDMENT EXTRA AMENDMENT ADDI-TIONAL PAID FOR TIONAL Total FEE (\$) Minus FEE (\$) X\$ 25 X\$50 Minus OR . X100 X200 Application Size Fee (37 CFR 1.16(s)) ΛĐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST œ REMAINING NUMBER PRESENT RATE (\$) AFTER. ADDI-PREVIOUSLY EXTRA RATE (\$) AMENDMENT ADDI-TIONAL PAID FOR TIONAL Total COT CFR.1.10(4) FEE (\$) Minus ENDM FEE (\$) X\$ 25 Independent (37 CFR 1.18h)) X\$50 OR Minus X100 X200 Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I)) +180= +360≈ OR TOTAL TOTAL OR

* If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

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** If the Trighest Number Previously Paid For' IN THIS SPACE is less than 3, enter "2".

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The Trighest Number Previously Paid For' IN THIS SPACE is less t biding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.